

USED OIL PAYMENT PROGRAM (OPP) EXPENDITURE WORKSHEET (Optional)

Instructions: This form may be used by OPP Payment Recipients to assist in totaling their fiscal expenditures by appropriate online Annual Reporting categories.

Jurisdiction Name:

Reporting Period:

COLLECTION				
Permanent				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

Temporary/Mobile				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

Residential/Curbside				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

COMPLIANCE/INSPECTION/VISIT/ENFORCEMENT (CCC site visits)				
Certified Center Compliance (includes Site Visits, Load Check & related Personnel Costs)				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

EDUCATION				
Events (CCC and Non-CCC Community)				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

Publicity and Education (includes Outreach)				
Vendor & Description	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

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EDUCATION (continued)				
Materials/Premiums				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

School Education				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

MATERIALS				
Equipment/Supplies/Oil Collection Containers				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

ADMIN COSTS				
OPP Administration				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
				\$0.00
SUBTOTAL				\$0.00

Indirect/Overhead Costs				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
SUBTOTAL				\$0.00

ANALYSIS/EVALUATION/TESTING/DEMO				
Pilot/Demonstration Projects/Other**				
Vendor & Descripton	Invoice Date	Invoice No.	Quantity	Dollar Amount
				\$0.00
SUBTOTAL				\$0.00

** Provide a description:

TOTAL

\$0.00